

## UTAH LABOR COMMISSION

Division of Boiler and Elevator Safety &  
Miner Certification  
160 East 300 South, 3<sup>rd</sup> Floor  
PO Box 146620  
Salt Lake City, Utah 84114-6620  
(801) 530-6850



### VARIANCE REQUEST

Requesting Organization:		Date:
Contact Name:	Address:	
Telephone:		
Type of Variance: <input type="checkbox"/> Boiler/Pressure Vessel <input type="checkbox"/> Elevator <input type="checkbox"/> Miner Certification		
Code Requirements:		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<input type="checkbox"/> Continuation Sheet Attached		
Description of Variance Requested:		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<input type="checkbox"/> Supporting Documentation or Continuation Sheet Attached		
Reviewer	Recommendation	Signature
<input type="checkbox"/> Boiler Inspector	<input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ modifications* <input type="checkbox"/> Disapprove	
<input type="checkbox"/> Chief Boiler Inspector	<input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ modifications* <input type="checkbox"/> Disapprove	
<input type="checkbox"/> Elevator Inspector	<input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ modifications* <input type="checkbox"/> Disapprove	
<input type="checkbox"/> Chief Elevator Inspector	<input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ modifications* <input type="checkbox"/> Disapprove	
<input type="checkbox"/> Admin Secretary – Miner Certification	<input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ modifications* <input type="checkbox"/> Disapprove	
* Attach Continuation Sheet to describe modifications		
Disposition	<input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ modifications <input type="checkbox"/> Disapprove	

Division Director

Date

## VARIANCE REQUEST SUPPLEMENTAL INFORMATION

Type of variance requested: <input type="checkbox"/> Boiler/Pressure Vessel <input type="checkbox"/> Elevator		
Location: _____ _____ _____		
Architect:		
Name:	Address:	Telephone:
Engineering Firm:		
Name:	Address:	Telephone:
Installation Contractor:		
Name:	Address:	Telephone:
Building Inspector:		
Name:	Address:	Telephone:
Project Information		
Design Completion Date:	Plan Review Conducted: <div><input type="checkbox"/> Yes   <input type="checkbox"/> No</div>	Installation Completion Date:

Comments:

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